

| | OMB Control Number: 0938 Expiration date: 10/31 | | | | | | |
|---|--|---|-------------------|---|---|---------------------------|--|
| A set of the set of | · · · · · · · · · · · · · · · · · · · | Health Insura geted Low-In | | | | CS7 | |
| 2102(b)(1 |)(B)(v) of | the SSA and 42 0 | CFR 457.310, 31 | 5 and 320 | | | |
| Targe state. | ted Low-I | ncome Children | - Uninsured chil | dren under age 19 who | se household income is within star | ndards established by the | |
| IT √ | he CHIP A | gency operates the | his covered group | o in accordance with the | e following provisions: | | |
| Age | | | | | | | |
| Must | be under a | age 19. | | | | | |
| Income S | tandards | | | | | | |
| Inco | me standa | rds are applied st | atewide. Yes | | | | |
| 5 | standard o | any exceptions, e. r a county income Income Standards | e standard? | a county which may qu | ualify under either a statewide inco | ome No | |
| Г | | | ANGUN AN 10 | 101101.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | | |
| I | Please note | lowest age range e that the lower be ren for the same a | ound for CHIP el | | ighest standard used for Medicaic | l poverty- | |
| | | From Age | To Age | Above (% FPL) | Up to & including (% FPL) | | |
| | + | 0 | 1 | 195 | 250 | X | |
| | + | 1 | 6 | 142 | 250 | X | |
| | + | 6 | 19 | 133 | 250 | X | |
| | | | | | blanation. Include the age ranges aving different income standards. | | |
| | L | | | | | | |
| Special P | rogram fo | r Children with D | Disabilities | | | | |
| Doe | s the state | have a special pr | ogram for childre | en with disabilities? | No | | |

Approval Date: JUL 2 8 2014



PRA Disclosure Statement

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| Separate Child Health Insurance Program Eligibility - Coverage From Conception to Birth | CS9 |
|--|-----|
| 42 CFR 457.10 | |
| Coverage From Conception to Birth - Coverage from conception to birth when the mother is not eligible for Medicaid. | ; |
| The CHIP Agency operates this covered group in accordance with the following provisions: | |
| Age Standard | |
| From conception through birth. | |
| Does the state have an additional age definition or other age-related conditions? No | |
| Income Standards | |
| Income standards are applied statewide. Yes | |
| Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard? | No |
| Statewide Income Standard | |
| The statewide income standard is: From zero up to 250 % FPL | |
| Exempted from requirement of providing or applying for a Social Security Number. | |
| Exempted from requirement of verifying citizenship status. | |

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JUL 2 8 2014

Approval Date: ____



State Name: Tennessee

Transmittal Number: TN - 16 - 0013

Separate Child Health Insurance Program

Eligibility - Children Who Have Access to Public Employee Coverage

Sec. 2110(b)(2)(B) and (b)(6) of the SSA

Children Who Have Access to Public Employee Coverage - Otherwise eligible targeted low-income children who have access to public employee coverage on the basis of a family member's employment. $\mathbf{\nabla}$ The CHIP Agency operates this covered group in accordance with the following provisions: Select one of the following conditions as described in Section 2110(b)(6) of the Social Security Act: \bigcirc Maintenance of agency contribution as provided in 2110(b)(6)(B) of the SSA. \bigcirc Hardship criteria as provided in section 2110(b)(6)(C) of the Social Security Act. Coverage under this option is extended to children whose household income is: Select one of the options for the income standard when compared to Targeted Low Income Children The same as the standards for Targeted Low-Income Children C Lower than the income standards for Targeted Low-Income Children Indicate whether coverage under this option is extended to all children who have access to public employee coverage, or only certain children: • All children who have access to public employee coverage • Certain children who have access to public employee coverage: Attach methodology the state has used to calculate maintenance of agency contribution. An attachment is submitted, The state provides assurance that the state will, on an annual basis, recalculate expenditures for each participating public \checkmark agency to determine if the maintenance effort condition continues to be met. Children who are eligible for public employee health benefits coverage who are not described above are excluded from \checkmark eligibility under the plan. Children considered to have access to public employee coverage, and therefore not excluded from CHIP through this option, \square

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SPA # TN-16-0013

otherwise meet the definition of targeted low-income child provided at 42 CFR 457.310.

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CHIP Eligibility

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Maintenance of Public Agency Contributions to Employee Dependent Coverage, 1997-2015

Tennessee meets the maintenance of agency contribution condition by: (1) reporting the total expenditures in the State Employee Plan in state fiscal year (SFY) 1997; (2) adjusting such expenditure totals using the annual consumer price index for medical expenses (CPI-M); and (3) comparing them to the total expenditures in the State Employee Plan for the most recent SFY (to ensure that they are less than or equal to these amounts). The Division of Benefits Administration within the Tennessee Department of Finance & Administration provides the source data for State Employee Plan expenditures, and the Bureau of Labor Statistics reports the annual CPI-M. For reference, the State contribution to the State Employee Plan is a proportion of total expenditures. See, e.g., Tenn. Code Ann. § 8-27-203(a)(1).

| State Fiscal Year | Annual Cost for Family Coverage | Annual Agency Contribution to Family Coverage | CPI-U (Medical) | 1997 Agency Expenditure Increased by CPI |
|-------------------|------------------------------------|---|-----------------|--|
| 1997 | \$465.21 | \$372.17 | | \$372.17 |
| 1998 | \$493.12 | \$394.50 | 3.2% | \$384.08 |
| 1999 | \$512.84 | \$410.27 | 3.5% | \$397.52 |
| 2000 | \$512.84 | \$410.27 | 4.1% | \$413.82 |
| 2001 | \$589.77 | \$471.82 | 4.6% | \$432.86 |
| 2002 | \$737.21 | \$589.77 | 4.7% | \$453.20 |
| 2003 | \$921.51 | \$737.21 | 4.0% | \$471.33 |
| 2004 | \$986.02 | \$788.82 | 4.4% | \$492.07 |
| 2005 | \$1,074.76 | \$859.81 | 4.2% | \$512.73 |
| 2006 | \$1,107.00 | \$885.60 | 4.0% | \$533.24 |
| 2007 | \$1,184.49 | \$947.59 | 4.4% | \$556.71 |
| 2008 | \$1,267.40 | \$1,013.92 | 3.7% | \$577.30 |
| 2009 | \$1,318.10 | \$1,054.48 | 3.2% | \$595.78 |
| 2010 | \$1,343.44 | \$1,074.75 | 3.4% | \$616.03 |
| 2011 | \$1,233.40 | \$986.72 | 3.0% | \$634.52 |
| 2012 | \$1,282.74 | \$1,026.19 | 3.7% | \$657.99 |
| 2013 | \$1,308.39 | \$1,046.71 | 2.2% | \$672.47 |
| 2014 | \$1,380.35 | \$1,104.28 | 3.0% | \$692.64 |
| 2015 | \$1,380.35 | \$1,104.28 | 2.9% | \$712.73 |
| 2016 | \$1,428.66 | \$1,142.93 | | |

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| Separate Child Health Insurance Program MAGI-Based Income Methodologies |
|---|
| 2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315 |
| The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i). |
| In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013. MAGI- based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later. |
| If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver. |
| In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman: |
| • The pregnant woman is counted just as herself. |
| C The pregnant woman is counted just as herself, plus one. |
| C The pregnant woman is counted as herself, plus the number of children she is expected to deliver. |
| Financial eligibility is determined consistent with the following provisions: |
| When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size. |
| When determining eligibility for current beneficiaries, financial eligibility is based on: |
| Current monthly household income and family size. |
| C Projected annual household income for the remaining months of the current calendar year and family size. |
| In determining current monthly or projected annual household income, the state will use reasonable methods to: |
| Include a prorated portion of the reasonably predictable increase in future income and/or family size. |
| Account for a reasonably predictable decrease in future income and/or family size. |
| Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household. |
| Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at $$435.603(f)(2)(i)$ as a tax dependent. |
| \square The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards. |
| An attachment is submitted. |

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